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Rita M. Roonev Cesari and McKenna, LLP 88 Black Falcon Avenue Boston, MA 02210

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Ryan T. Dee	(Depositor's mante)	
/Ryan T. Dee/	(Signature)	
July 10, 2007	(Date)	

FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. 10/688,433 10/17/2003 Juan J. Becerra 107859-0040 1554

TITLE OF INVENTION: FUEL SUBSTANCE AND ASSOCIATED CARTRIDGE FOR FUEL CELL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/20/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]		
KALAFUT	, STEPHEN J.	1745	429-013000			
Change of correspondence address or indication of "Fee Address" (37 CRR 1.563).  Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SBI 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	2	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Gillette Company Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🕲 Corporation or other private group entity 🗀 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) X Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1237 (enclose an extra copy of this for 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Rita M. Rooney/ Date July 10, 2007 Registration No. \_\_30,585 Typed or printed name Rita M. Rooney

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